				•					plication	or Do	cket Numb	19 0
4	PATENT A	PPLICATIO	N FEE D	ETERM	INATIO	ON RECO	RD					
•		Effect	ive Octob	er 1, 20	. 000				0	98	5246	¥ ·
		CLAIMS AS	FILED - (Column		l ·· (Calu	mn 2)		SMALL EN		OR	OTHER SMALL E	
TO	TAL CLAIMS		:58					RATE	FEE	1	RATE	FEE
FO	R	NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	Basic Fee	710.00	
то	TAL CHARGEA	58 - minus 20=		.38			X\$ 9=		OR	X\$18=	342~	
IND	EPENDENT CL	6 - minus 3 =		3			X40=		OR	X80=	120.5	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
• If	the difference	in column 1 is	less than z	ero, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	8170
	C	LAIMS AS A	MENDE			.20		8MALL I	FNITTY	OR	OTHER SMALL	
		(Column 1)			mn 2)	(Column 3	4	OMALL	ADDI-			ADDI-
A FA		REMAINING AFTER		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
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	Independent	· 6	Minus	•••	2	-0		X40=		OR	X80=	
4	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		w		(Oak		(Column 3	1	ADDIT. FEE		Jon	ADDIT. FEE	
_		(Column 1)			IMN 2) HEST	CONUMBIA	ጎ		ADDI-	1		ADDI-
8 5		REMAINING AFTER AMENDMENT		PREV	MBER ROUSLY D FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL
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NEW THE PERSON NAMED IN COLUMN 1	Independent	. 6	Minus	•	5	- Ø		X40=	·	OR	X80=	
L	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		_	+135=		OR	+270=	
	_							YOTAL		OR	TOTAL	
17	1-14-05			10-1	01	(Column 3	21	ADUIT. FEE		•	AUDII. FEE	
-		(Column 1)			umn 2) Hest	Commi	ጎ		ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NU PRE	MBER /IOUSLY D FOR	PRESENT		RATE	TIONAL		RATE	TIONAL
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	Independent	· b	Minus	•••	6	F-10	1	X40=		OR	X80=	
الا	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDE	NT CLAIR		J	+135=		OR	+270=	
	If the natry in col	lumn 1 is less than	the entry in o	oluma 2, w	rite V in c	column 3.	<u>.</u>	YOYAL	-	OR	TOTAL	
	If the Highest N	lumber Pr viously	Petd For INT	HIS SPAC	E is loss T E in loss 1	1907 20, 611097 7 hom 3. onter 13	_	ADDIT. FEE		_	ALAMI, PEC	
1	The "Highest Na	amber Previously F Imber Previously F	adf f (T to	l or Indepe	ndent) is t	ne nignesi nun	inder i	owns sy the St	phichian p	UR 47 C	emunit.	

	ATENT APPLIC		0000001 1, 2	:003		1 1	101	2	
1	CLAIN	IS AS F	LED - PART	1	· · · · · · · · · · · · · · · · · · ·	10	7/8	524	64
TOTAL (<u> </u>		Column 1)	(Column 2)	SI	MALL ENT	ΊΤΥ		
-				-1		PE]	OR S	OTHER TH MALL ENT
FOR		N.	UMBER FILED	TAN III IOGO		RATE	FEE	_	RATE F
TOTAL CI	HARGEABLE CLAIR	MS	9	NUMBER EXTRA	BA	SIC FEE 3	85.00		
34	ENT CLAIMS		minus 20=	*]] >	(\$ 9=		1	
	DEPENDENT CLA		minus 3 =	· _	1 -	(43=		OR XS	518=
					7 1	43=		OR XE	36=
* If the diffe	erence in column	1 is less th	nan zero enter	"O" in	+1	45=	. 1	OR +29	90-
1200	CLAIMS A	SAMEN	DED - PART	v in column 2	TC	TAL			
0001-	<u>I MOININI</u>	- 스메르N							
2	CLAIMS REMAINING		(Colum HIGHE	ST	3) SM	ALL ENT	TÝ (OTI OR SMA	HER THAN
W W	AFTER AMENDMEN	I	NUMBE PREVIOU	R PRESENT		AD			
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